

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET				CLAIMS			
APPLICANT(S)				SERIAL NO.			
FILING DATE				FILING DATE			
				CLAIMS			
				TOTAL IND.			
				TOTAL DEP.			
				TOTAL CLAIMS			
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				1			
				AS FILED			
				AFTER 1ST AMENDMENT			
				AFTER 2ND AMENDMENT			